

ACORD CERTIFICATE OF LIABILITY INSURANCE

05/01/2001

DATE (MM/DD/YY)
09/27/2000

PRODUCER

LOCKTON COMPANIES
444 W. 47TH STREET, SUITE 900
(816) 960-9000
KANSAS CITY MO 64112-1906THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION
ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE
HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR
ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURERS AFFORDING COVERAGE

INSURED R & R TRUCKING, INCORPORATED,
8828 TNI (USA), INC. dba AATCO
PO BOX 545
DUENWEG MO 64841

INSURER A: LIBERTY MUTUAL INSURANCE CO.

INSURER B: INS.CO.STATE OF PA. (HEATH)

INSURER C: FIDELITY & CASUALTY INS CO OF CT (AFIDA)

INSURER D:

INSURER E:

COVERAGES

LA

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING
ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR
MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH
POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	<input checked="" type="checkbox"/> GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO- JECT <input type="checkbox"/> LOC	RG2-741-002073-050	05/01/2000	05/01/2001	EACH OCCURRENCE \$ 1,000,000 FIRE DAMAGE (Any one fire) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/OP AGG \$ 1,000,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	AT2-741-002073-020	05/01/2000	05/01/2001	COMBINED SINGLE LIMIT (Ex accident) \$ 1,000,000 BODILY INJURY (Per person) \$ XXXXXXX BODILY INJURY (Per accident) \$ XXXXXXX PROPERTY DAMAGE (Per accident) \$ XXXXXXX AUTO ONLY - EA ACCIDENT \$ XXXXXXX OTHER THAN EA ACC \$ XXXXXXX AUTO ONLY: AGG \$ XXXXXXX
	<input type="checkbox"/> GARAGE LIABILITY <input type="checkbox"/> ANY AUTO	NOT APPLICABLE			
B	<input checked="" type="checkbox"/> EXCESS LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input checked="" type="checkbox"/> UMBRELLA FORM RETENTION \$	4698-9882	05/01/2000	05/01/2001	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000 \$ XXXXXXX \$ XXXXXXX \$ XXXXXXX
C	<input type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	PAS002042	10/01/2000	05/01/2001	<input checked="" type="checkbox"/> WC STATU- TORY LIMITS <input type="checkbox"/> OTH- ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	<input type="checkbox"/> OTHER MOTOR TRUCK CARGO	K01-741-002073-070	05/01/2000	05/01/2001	\$200,000 PER OCCURRENCE

LOCATION(S) OF VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENTS / SPECIAL PROVISIONS

DESCRIPTION OF OPERATION

ADDITIONAL INSURED; INSURER LETTER:

CANCELLATION 00000

ENT OF ENERGY
ASAWAY
H GRAVES
TIONAL LABORATORY
MS-8413
37931-6413SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION
DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN
NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL
IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER OR ITS AGENTS OR
REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

ACORD CORPORATION 1988

CERTIFICATE HOLDER

1004737

U.S. DEPARTMENT
ATTN: DOUG G.
ATTN: DEBORAH
OAK RIDGE NA
BLDG. 6026 G.
OAK RIDGE TN

ACORD 25-S (7/97)